

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

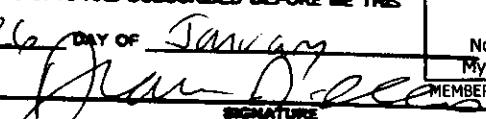
File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	2	LOBBYIST	3
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST									
STREET ADDRESS		Friends of Sean Kilkenny 715 Washington Lane							
CITY		STATE		ZIP CODE		PA 19546 -			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY		Sheriff		46	D	MO.	DAY	YEAR	11 3 2015
2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD		11 24 15	TO	12 31 15	FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY		CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0					
6TH TUESDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0					
2ND FRIDAY PRE-ELECTION		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
30 DAY POST-ELECTION		TERMINATION REPORT?		YES	NO	<input type="checkbox"/>			
ANNUAL REPORT									

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.							
SWEORN TO AND SUBSCRIBED BEFORE ME THIS							
26 DAY OF January 2016							
  Dianna Dillio, Notary Public Norristown Boro, Montgomery County My Commission Expires March 16, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES							
SIGNATURE							
MY COMMISSION EXPIRES 3 16 2016							
MO.	DAY	YR.	267	AREA CODE	6256393	PRINTED NAME	DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, NO. 320) AS AMENDED.					
SWEORN TO AND SUBSCRIBED BEFORE ME THIS					
DAY OF 20					
SIGNATURE					
MY COMMISSION EXPIRES					
MO.	DAY	YR.	AREA CODE	PRINTED NAME	DAYTIME TELEPHONE NUMBER